

UHL Research and Innovation: Quarterly Trust Board Report

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Trust Board paper N

Executive Summary

Context

UHL is a Trust active in Research and Innovation (R&I). This report describes current R&I performance against metrics, projects under development, new challenges and potential threats.

Questions

1. Is UHL performing well in the delivery of quality research at expected volume?
2. Are large projects planned with appropriate partners and managed appropriately?
3. Are upcoming challenges understood?

Conclusion

1. UHL performs well in delivering high quality research as judged by NIHR and LCRN data.
2. A larger number of large projects are in development, some being close to start date. There is a wide range of NHS and Academic partner engagement.
3. A number of challenges are recognised and planning is in place to mitigate risks.

Input Sought

Report is presented for information.

The Trust Board's attention is drawn to: the importance of the upcoming BRC application; the recent disappointing decision about Life Study; the pressure from NHSE to deliver 100,000 Genome Project; and the continuing difficulties in finding appropriate space to develop a Hope Unit at Glenfield.

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: n/a

5. Scheduled date for the next paper on this topic: April 2016

6. Executive Summaries should not exceed 1 page. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does comply]

UHL R&I Quarterly Trust Board Report Jan 2016

1. Introduction

This report describes current R&I performance against metrics, projects under development, new challenges and potential threats.

2. Research Performance

The activity of UHL in initiating and delivering clinical research is performance monitored by both the NIHR Central Commissioning Facility (NIHR CCF) and the East Midlands Clinical Research Network (EM CRN). In turn the UHL R&I Office reports research CMG level activity and performance to each CMG via the R&I Executive Committee.

2.1 NIHR CCF.

In Q1 15/16 UHL initiated 107 clinical trials. These figures confirm a continuing increase over the year.

Table 1: UHL Performance in initiating clinical research trials

	Number of Trials Initiated		
	2013/14	2014/15	2015/16
Q1	111	91	107
Q2	125	79	awaited
Q3	121	82	
Q4	116	95	

UHL is also judged by its performance in recruiting patients into initiated trials within 70 days. In Q4 2014/15 this figure was 75% and submitted data for Q2 2014/15 are similar. These figures represent a sustained improvement over the position 12 months ago.

2.2. EM CRN.

Recruitment into clinical trials up to end Oct 2015 stands at 8650. This exceeds recruitment for the similar period in 14/15 when UHL significantly exceeded targets (Table 2). UHL is the highest recruiting trust in the East Midlands.

Table 2: Cumulative Recruitment Numbers of Patients into UHL Studies 2014/15 and 15/16

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumulative Recruitment 14/15	950	2047	3007	4079	5314	6224	7282	8363	9169	10223	11266	12564
Cumulative Recruitment 15/16	1078	1946	3112	4112	4972	5976	7344	8650				

3. Projects in Development

Since the last Quarterly Trust Board Report 1 new project has begun development, 1 has been approved and 1 existing project has begun delivery:

3.1 New Projects.

3.1.1 NIHR Biomedical Research Centres (BRCs)

Currently UHL leads 3 Biomedical Research Units (BRUs) with two academic partners – University of Leicester and Loughborough University. NIHR have recently announced a call to bid for BRCs to commence from Apr 2017. BRUs will cease to exist from April 2017. After discussions, a decision has been made that UHL will lead a bid for a single BRC which will encompass the existing BRU themes. The lead academic partner will be University of Leicester with Loughborough University as a sub-contractor – however LU will be given due prominence in the application.

3.1.2 Leicester Institute for Precision Medicine (LIPM).

University of Leicester has approved the establishment of LIPM. UHL will be a LIPM partner. Many UHL strategic developments are closely aligned with the precision medicine agenda and discussions are underway with University colleagues about how to best provide partnership support this exciting development.

3.2. Existing Projects.

3.2.1. The 100,000 Genome Project.

UHL is part of the East of England Genomic Medicine Centre (EEC GMC) with Cambridge, Nottingham and Norwich. Patient recruitment has been slow for a variety of reasons. UHL is now delivering on target to a reduced trajectory. There is good senior Trust engagement with this project which is of reputational importance for UHL.

4. Focus on Innovation Activities

4.1 Contracting Activity

- >400 contracts and amendments were reviewed, agreed and signed in last 12 months
- in addition around 40 agreements on various Innovation Projects
- on average 8 per working day

4.2 Promising Projects

- OPTI-MED (inpatient drug dispatch)
- CaBLE (Virtual ward Round) – e-learning tool for medical students (ready to market)
- Prescribing for Medical students – e-learning tool (ready to market)
- Central Venous Cannula - Delivery Apparatus – seeking to commercialise the product
- 'Activate Your Heart'- Licences sold to other Trusts
- Tinnitus Modulation by tinted light (near completion phase)
- SPACE- COPD (Pulmonary Rehabilitation)- Manuals, Licences sold to Trusts and Pharma companies – significant financial benefit to the Trust
- DDU- Diagnostic Development Unit (based in A&E) - need to establish collaborative with UoL
- Bifurcated Stent – very high possibility of gaining external funds to set up a Spin-Out company
- Non-invasive identification of cancerous and pre-cancerous lesions using high resolution autofluorescence spectroscopy – seeking commercial partner

4.3 Innovation Awards.

In the last 6 months colleagues from UHL have been shortlisted/finalists for the following awards:

4.3.1. Health Services Journal Awards:

- UHL Research & Innovation Team shortlisted for Clinical Research Impact Award
- Prof Nigel Brunskill with WLCCG and Baxter Healthcare 'Making and IMPAKT' shortlisted for Improving Care with Technology Award

4.3.2. Medipex Innovation Awards:

- Mr Jeremy Prydal: Early Detection of Lung Cancer Using High Resolution Autofluorescence Spectrometry
- Dr James Burton: A Novel Service of In-Centre Out-Patient Haemodialysis During the Night Improves Both the Patient Experience and Clinical Outcomes

5. New/Existing Challenges

5.1. Delivery of 100,000 Genome Project

This is a high profile project and has got off to a slow start across EE-GMC. There is external pressure from NHSE to ensure delivery as promised. Extensive discussions held between NHSE and relevant Chief Execs and between GMC partners to ensure appropriate Trust profile to facilitate patient recruitment and necessary clinical service transformation.

5.2. Clinical Research Network Budget for 2016/17

Indicative budget for 2016/17 of £3,551,486.47 has been notified by CRN. This is ~£100k less than 2015/16. We will work with CRN to get best value for money from this budget.

5.3 Hope Unit at Glenfield

Hope Against Charity are offering full financial support to develop a Hope Unit at GH to support clinical research in cancer at GH. So far it has not been possible to identify suitable space.

5.4 Life Study

In late Oct 2015 UHL was informed by UCL that funding for Life Study had been withdrawn following a decision by Economic and Social Research Council (ESRC) – the major funder. This decision was based on poor recruitment at the first Life Study Centre at Barking Havering and Redbridge NHS Trust. UHL had delivered the Life Study on time, employed staff and had begun recruiting patients. UHL had made circa £1m capital investment in Life Study Centre. Negotiations are underway with UCL and ESRC to obtain compensation for this expenditure.